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THE WILLARD ASYLUM, AND PROVISION FOR
THE INSANE.

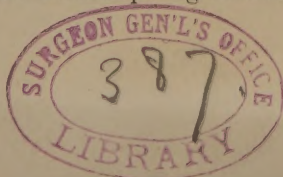
By an Act of the New York Legislature, passed on the 30th day of April, 1864, the Secretary of the State Medical Society was authorized to investigate the condition of the insane poor in the various poor-houses, alms-houses, insane asylums, and other institutions, where the insane poor are kept, not including, however, such institutions as are now required by law to report to the Legislature of the State.

The law directed the Secretary to arrange a series of questions,* such as in his judgment would be likely to

* The following questions were sent to each county judge :

What is the population of your county house? How many insane are there at present provided for? How many males are capable of labor? How many females are capable of labor? How many males perform out of door work? How many females perform out of door work? What amusement have those who are unable to work? What amusement have females who are unable to work? What number are destructive and tear off their clothing? How many are restrained by chains or hand-cuffs occasionally? How many constantly? What other forms of mechanical restraints are used? What other means are resorted to for controlling and managing the violent insane? Has the poor-house a full supply of water? How many bath tubs are there in it? How often are the insane required to bathe? Is each insane washed, hands and face, daily? Is any arrangement made for cleanliness, ventilation and uniformity of heat in winter? Are any insane confined in basement cells? Are any so confined without the privilege of coming daily into the open air?

Is the building in which the insane are confined of wood or brick? How many stories? What is the height of each story? What is the length and width of each room? What is the size of each window? Are there any rooms without a window opening out of doors?



elicit the greatest amount of information on this subject,

What are the floors made of? Are any of the basement rooms without a floor?

Have you bedsteads in all the rooms? Are the bedsteads of wood or iron? Are they fastened to the floor? Have you double or single beds? How many sleep in one bed? What is the greatest number, in any case, who sleep in one bed? What material do you use for bedding? How many sleep on straw alone, without bedsteads or beds? How often is the straw changed?

What is the diet provided each day? How is it distributed to each? How is the building heated in winter? Are all the rooms heated? Is attention paid to the uniformity of heat by a thermometer? What is the temperature maintained? Are any insane confined in rooms without heat, in the winter?

Are there any accommodations for the various grades of insane? If so, what? Are they all confined in one ward? How many in single rooms or cells? Are the sexes kept entirely separated? Are male attendants employed to care for female insane? Are any attendants beside paupers uniformly and constantly employed in the immediate care of the insane?

What is the actual condition of the rooms and cells occupied by insane, as to cleanliness? What do you think of the atmosphere of the rooms? Did you look for vermin on their persons? Did you observe any? Are any of the pauper insane cared for in private families? Does your county take care of recent cases? What changes of under garments have each of the insane? How many have shoes? How many had neither shoes nor stockings during the winter?

What number of insane is your county house designed to accommodate? What is the greatest number ever there confined? Are the accommodations separate from those of the sane paupers? How many escaped within a year who were not returned? How many were removed by their friends? What provisions are made for medical treatment of the insane? How often are they actually visited? Does each case receive care with reference to its ultimate recovery.

Number; name; age; sex; native; foreign; year of admission; occupation; mild; excitable or paroxysmal; violent; filthy; destructive; confined to house; confined in strong rooms; requires mechanical restraint; been treated in an asylum; died during the year; discharged.

procure them printed, and transmit them to each county judge in the State. It directed the county judge, on the reception thereof, to appoint a competent physician,* a resident of the county, to visit the county poor-house, or institution where the insane poor are kept, and to examine into the condition and treatment of the insane inmates, and to transmit the result of the investigation to the Secretary, who was thereupon directed to condense the information so received and report the same to the Legislature.

*The direction to the physician appointed by the county judge was as follows :

MEDICAL SOCIETY OF THE STATE OF NEW YORK, }
ALBANY, N. Y., May 23, 1864. }

Dr. ———— :

SIR :—In obedience to the appointment made by the judge of your county, in accordance with chapter 418, Session Laws 1864, a copy of which you will find herewith, you are requested at an early day to visit your county poor-house, alms-house or asylum, and make the investigations as indicated in the blanks inclosed. You are requested to give the overseer or superintendent no notice of your appointment or the time of your visit, and upon your arrival to enter at once upon the duties assigned to you. The object is to see every insane inmate, and all the surroundings precisely as they exist in the every day condition of the institution, to discover the evils which exist in the management of the insane poor, and by this well directed effort so to bring them to light as to incite a wise and generous legislation in respect to them, with such actual provision for this unfortunate class of our fellow beings as is in accordance with the teachings of science, and the dictates of an enlightened humanity.

Your services will be a claim upon your county, to be audited by your Board of Supervisors on the voucher of the county judge.

You can retain one set of the blanks for your own personal use, one for the use of the county judge, one for your board of supervisors, and return the remaining two to me, on or before the time specified in section 2d.

Very respectfully yours,

S. D. WILLARD, M. D., *Secretary.*

Dr. Willard, the Secretary of the Medical Society, entered at once upon the service assigned him, and the following January his report was presented to the Legislature. This document bears ample testimony to the earnestness, fidelity, and zeal with which the author executed the duties of his commission; and although he died, prematurely and lamented, before the passage of the law creating a new institution for the insane, a grateful commonwealth has perpetuated his memory and name in the WILLARD Asylum for the Insane.

The leading features of the law, passed by the last Legislature, authorizing the establishment of a State Asylum for the chronic insane, and for the better care of the insane poor, are as follows :

It provides for the appointment, by the Governor, of three Commissioners to select, contract for, and purchase a suitable site for the building,—said site to be first sought for in any property owned by the State, or upon which it has a lien; the construction, by the Commissioners, of suitable asylum buildings, or the modification of buildings already erected and not occupied for other State purposes; the appointment by the Governor of seven trustees, who shall have power to appoint a medical superintendent, one assistant physician, a steward and a matron, and adopt the necessary by-laws for the government of the asylum, and fix the rate per week, not exceeding two dollars, for the board of patients, and, with the approbation of the Governor, designate the counties from which the chronic pauper insane shall be sent to the said asylum.

The chronic pauper insane from the poor-houses of the counties thus designated, shall be sent to the said asylum by the county superintendents of the poor, and

all chronic insane pauper patients who may be discharged, not recovered, from the State Lunatic Asylum at Utica, and who continue a public charge, shall be sent to the asylum for the insane hereby created.

The county judges and superintendents of the poor in every county of the State, except those counties having asylums for the insane, to which they are now authorized to send such insane patients by special legislative enactments, are hereby required to send all indigent or pauper insane coming under their jurisdiction, who shall have been insane less than one year, to the State Lunatic Asylum at Utica.

Seventy-five thousand dollars are hereby appropriated for the purpose of carrying into execution the provisions of this act.

The asylum hereby created shall be known as the Willard Asylum for the Insane.

We have recapitulated the leading features of the law,* that our readers may note in what respects it fails to meet the question of proper provision for the insane. Its insufficiency to this end will be better understood if we consider the nature and extent of the requirements in their medical and economical relations.

It is not our purpose to discuss the causes of insanity. The fact is well established that mental disease increases *pari passu* with increase of population; and, unless checked by prompt medical intervention, its prevailing tendency is to permanent irrecoverable alienation of mind. On the other hand, insanity, in its early stage, responds so favorably to medical treatment that, as shown by hospital statistics, from 70 to 80 per cent. recover. With this knowledge, it needs no argument

* The law is given in full in the JOURNAL for July, 1865, page 127.

to prove that the treatment of acute insanity should take precedence of all other considerations ; for thus, and thus only, can the State be relieved of the burden of chronicity. By such provision, instead of the insane life-long consumer, an affliction to himself, his friends, and society, a producing constituent is restored to the body politic, a comforter and supporter to his family, and an active citizen or christian to the sphere of his former usefulness. Thus we strike at the root of the evil in all its relations, social, sanitary and financial.

An inquiry into the conditions essential to the attainment of a result so desirable suggests the following considerations :

The usefulness of an asylum or hospital for the insane is in a great degree dependent upon its proximity to those who require its care. The greater its facility of access, the less delay there is in placing patients under treatment. The community learn to appreciate the character and merits of an institution in their midst, and are quick to avail themselves of its advantages ; and thus the hospital becomes a curative centre for the region around it.* On the other hand, many cases of insanity, favorable at the outset, lapse into chronicity from the distrust of friends in placing a relative in a distant asylum, of the management of which they know nothing, or against which vague rumor may have prejudiced their minds, or from dread of the expense, hardship and exposure attending a long journey, or from fear of being unable to reach the object of their solicitude in the day of sickness, or be present at the hour of his death.

*We have the authority of Dr. Jarvis for stating that this result has uniformly followed upon the establishment of new asylums in the State of Massachusetts.

In some forms of mental disease, the question of proximity is a question upon the answer of which depends the life or death of the patient. In cases of melancholia and acute mania of rapid exhaustive or typhoid character, the fatigue and exposure consequent upon transportation over long and sometimes difficult routes of travel, will often induce a supplementary prostration, from which the patient never rallies. Frequently has this fact been painfully illustrated in the Asylum at Utica. Indeed, even as we write, (September 4,) a poor woman is dying, who was admitted on the 2d instant in a state of great exhaustion after a tedious land journey, and her death will be justly attributed to this superadded cause of depression. It is unnecessary to point out how all these circumstances are aggravated during the inclement seasons, or in winter, when the routes of travel are blocked up and impeded by snow and ice.

Another argument favoring propinquity may be sought in the difficulties and risks of conveying the violent, fractious or suicidal maniac from distant or inaccessible sections of the State. For the security of one such person, it is no uncommon circumstance for several attendants to accompany him to the asylum, thus entailing an expense of travel which is sometimes equal to the charge for maintenance during the patient's entire period of hospital treatment.

These reasons in favor of proximity we believe to be irrefutable, and to be fully sustained by the opinions of those most conversant with the subject. That clause of the law, therefore, which makes the Asylum at Utica the only State institution for the reception of acute cases

of insanity, simply perpetuates the evils complained of.*

But there are other arguments, and these of a professional character, against constituting the Asylum at Utica an institution for the reception of acute cases solely. To render these intelligible to the general reader a brief sketch of the existing internal economy and requisitions of the Asylum is indispensable.

The State Asylum at Utica contains a population of six hundred patients; the proportion between the two sexes being equal. The division of the sexes is complete. Each department, male and female, is under the immediate direction of its respective medical officer; while the Superintendent's obligations comprise the oversight of both sections, together with various secular duties of administration connected with the house, the farm, the shops and the finances. In addition to these he is often summoned to attend the courts as a witness in cases involving mental incompetency.

In this, and in all similar institutions, in addition to medical resources, there enters an element of great influence in the management of the insane; we refer to what is termed "moral treatment." Although in strict medical acceptation, the latter is not of primary importance, it is, nevertheless, an indispensable coefficient in the attainment of therapeutic effects. Of moral treatment the classification of patients, as practiced in hospitals for the insane, is acknowledged to form the principal constituent. This classification consists mainly in the

*A north and south line projected through Herkimer county divides the State into two equal geographical segments—the western section containing, according to the census of 1860, a population, in round numbers, of one and a half millions, while the eastern section has two and a half millions.

allotment or gradation of patients according with their mental condition. Insanity is not a malady of the thinking faculty, pure and simple; its manifestations are solely due to physical disorder, and it possesses the same tendencies to recovery or further deterioration which characterize other forms of bodily disease. To meet these various changes, therefore, new classifications are required, and for this purpose all the subdivisions of a department are brought into play. Moreover, this complex analysis and collocation admits but one controlling mind for the department.

And here the thought occurs, very naturally, that one attending physician is inadequate to the discharge of duties so onerous. How can one medical officer, however capable and conscientious, acquire that intimate knowledge of the various and varying mental and physical symptoms of three hundred patients, which is essential to the proper management of each individual case? How can he daily examine and prescribe for them, and at the same time keep full clinical records of each, from its reception to its discharge; conduct the voluminous correspondence with the friends of patients, and attend to the multifarious minor affairs connected with his office? Let us suppose that the attending physician devotes three minutes to each patient, and on this basis of calculation fifteen hours will be necessary to make one visit through his department. It may be urged that every patient does not require so long a visit as three minutes; that for some a glance may suffice. This is, to some extent true; but, on the other hand, in many a longer interview is demanded, and the law of the State, as well as that of necessity, makes a daily visit to each patient obligatory. Thirty per centum would be an approximate

estimate for the acute or recent cases under treatment at Utica. These "favorable" cases receive the greater share of the physician's solicitude and care. Of the remainder, belonging to the class of chronic insane, perhaps twenty per cent. may be under treatment, but for all frequent medical inspection is necessary.

We must frankly admit that under the existing organization, physicians to asylums cannot devote so large a proportion of their time as that above specified to personal association with their patients, neither should it be demanded of them. It is well known that among the various descriptions of medical practice, none is so exhausting to mind and body as attendance upon the insane. In England it has been demonstrated by experience that medical officers break down after fifteen or twenty years of asylum life, and there is in that country, we believe, an annuity fund for this disabled class.

Having thus shown by the numerical method that the proper performance of the medical office, under the present system, is so difficult, the inference is obvious: hurried and routine practice must, to a large extent, usurp the careful and deliberate examination which is the sacred and inalienable right of each individual case; and thus, by rendering it impossible for the medical staff to perform the duties required of them, the provision of the law making the Utica Asylum the sole State institution for the reception of all acute cases will but aggravate existing evils, and prove prejudicial to the interests of that class of the insane.

The law not only constitutes the asylum at Utica the sole State institution for acute cases, but it ordains the Willard Asylum as the only State receptacle for chronic insane paupers. For the chronic, as well as for the acute

insane; for the poor, no less than for the rich, proper provision and treatment must include every application suggested by art and experience by which recovery may be promoted or suffering alleviated. There is a popular, and, in some instances, we fear, a professional error, which regards custodial provision as the end of treatment with the chronic insane. Such a presumption in the case of other chronic maladies would be deemed preposterous. In the chronic as well as in the acute forms of insanity, the employment of active medication proves most advantageous. A distinguished psychopathist, well known both for his learning and his humane efforts in behalf of the insane, writing upon the therapeutics of insanity, remarks: "It is acknowledged that in acute bodily diseases the most active and powerful means must be employed, whereas, in psychopathy, when there is *high nervous excitement*, it is advisable to *abstain from active medication*. In mild bodily maladies, mild means may be resorted to; *in similar states of mental disease, the psychopathist must often bring on the field his pharmaceutical reserve*. Dementia, for instance frequently requires alteratives, tonics and stimulants." The same writer says: "We believe it is a great error to say that chronic cases and those of dementia should be abandoned to the efforts of nature. It is true that she cures exceptionally in these cases, but not generally, else there would be fewer incurables." Thus it appears that the treatment of chronic mental disease is the peculiar province of medical science, and that its successful practice demands the highest qualities of the physician and the widest range of the materia medica. The occult conditions of disease are to be investigated; recurrent paroxysms of maniacal excitement are to be warded off or subdued;

and sleeplessness, the frequent derangements of the primæ viæ, anæmia and debility, and various intercurrent maladies brought under appropriate treatment. To this end tonics, alteratives and stimulants, cathartics and anodynes must, in turn, be resorted to, according to the particular requirements of each case.

Hardly second in importance to the medical is the dietetic treatment of the insane. No fact is better understood by the medical profession than that diseases of the present epoch are asthenic in character, *i. e.*, that they tend to debility. Especially is this true of the neuroses, (the affections having their seat in the nervous system,) of which insanity is the culminating expression. Insanity is, preëminently, a disease of depression of the vital forces, of debility, and of defective nutrition; and the dietary of this asylum is based upon the knowledge that the insane require food more highly nutritious and in larger allowance and greater variety than is essential in other forms of bodily disease. Where these conditions are neglected the insane become irritable, morose, obstinate, destructive; intercurrent maladies are frequent, and paroxysms of excitement recur oftener and are of longer duration.* In England, when the insane poor

* The insane cannot live on low diet, and while they continue to exist their lives are rendered wretched by it, owing to the irritability which accompanies mental disease. The assimilating functions in chronic insanity are sluggish and imperfect, and a dietary upon which sane people would retain good health becomes in them the fruitful source of dysentery and other forms of fatal disease. Pinel has left an instructive lesson upon the fatal results of the parsimony which existed in the Bicêtre in the year four. The diet in the Bicêtre, under the Constituent Assembly, was fixed at a kilogramme of bread daily. In the fourth year of the Republic, it was reduced to seven hectogrammes and a half. "And," says Pinel, "I have seen many

were under the surveillance of poor-law commissioners, and subjected to the poor-house regimen and policy, they became so irritable, violent and destructive, that the simple matter of damage alone far outweighed the additional expense of a generous dietary. We doubt not that the receptacles for the insane attached to the poor-houses of this State would bear testimony to a similar experience.

Asylums for the insane require not only a wider range of medical and moral treatment and a more liberal dietary than hospitals for general diseases, but they call for a peculiar style of architecture, possessing, at the same time, sufficient strength of construction to resist the efforts of the violent, and those facilities for light, ventilation and comfort which are the essentials of a sana-

convalescent patients relapse into a state of fury, crying that they were dying of hunger. The sad progress of misery was still more marked in its subsequent effects. In two months the number of deaths in the asylum was twenty-nine; while in the whole year two, it was only twenty-seven. In the Salpêtrière, the consequences were still more deplorable; a mortality of fifty-six having occurred in that hospital in the winter of the year four, from dysentery, brought on by insufficient diet."

In Dr. Thurnam's work on the statistics of the insane, page 95, is the following valuable testimony as to the effects of diet upon the insane :

"The seven asylums may be fairly divided into two groups, in one of which the diet is, or was at the time to which the table refers, considerably above, and in the other considerably below, the average diet of the county asylums as a class. The difference in the amount of the diet in the two groups, is in the first group, as regards solid food, the diet was 50 per cent. better than that in the second. In the relative amount of solid food, considered separately, the difference amounted to 130 per cent. In the three asylums with the more liberal diet, we find that the recoveries averaged 43.7 per cent., and that the mean mortality was 9.35 per cent.; whilst in the four institutions, in which

torium. From the low vital energy and sluggish circulation of the insane, and their propensities to denudation, (the result of restlessness or delusion,) a high state of temperature must be constantly maintained in the wards. The contaminations arising from vitiated pungent secretions and from filthy patients in large aggregations, must be dissipated by artificial means of ventilation. The damages to clothing or furniture occasioned by destructive or excited patients need constant reparation. Trained attendants are demanded in a larger ratio than the claims of ordinary diseases make necessary. Means of diversion, useful occupations and amusements must be provided. The latter, although they act indirectly, are among the most important remedial agents in the treatment of the insane.

That these requirements involve a heavy expenditure in the maintenance of the insane cannot be denied. But in discussing questions of economy, it is important to

the diet was less liberal and nutritious, the recoveries only averaged 36.75 per cent., and the mean mortality was as high as 14.54 per cent."

A more recent example is afforded in the Thirty-ninth Report of the Stafford Lunatic Asylum, just published. The Commissioners in Lunacy, who visited this asylum last year, report that an epidemic of the mucus membrane of the bowels had prevailed, which had proved fatal in twelve cases. They attributed much of this illness to the low state of the health of the inmates, and the poor and insipid soup which formed the dietary on three days of the week. They recommended meat to be substituted for this broth. In the report of the Visitors, signed by their Chairman, the Earl of Talbot, it is stated: "Acting upon the recommendation of the Commissioners in Lunacy, and well aware of the exhausting nature of insanity, we have increased the dietary scale; and the amount of animal food now supplied weekly, namely, thirty ounces of meat cooked, and free from bone, has proved of service in maintaining the health of the patients."—*Dr. Bucknill, Journal of Mental Science, Vol. IV., page 470.*

distinguish between a wise, judicious liberality which secures and a vicious parsimony which defeats the object to be attained. The first effort of the State should be directed towards the cure of its insane, and for this purpose every asylum should possess the necessary prerequisites. The magnitude of the returns, both financial and curative, to the community by institutions thus endowed, are set forth by the Trustees of the Massachusetts Hospital, at Worcester, in the following retrospect of their operations during thirty years :

The hospital has received into its wards, and taken the care of, six thousand six hundred and sixty-three insane persons. Of these, it has given three thousand one hundred and thirty-one back to their homes and the world, to usefulness and the common enjoyments of their families, society, and to the usual responsibilities of citizenship.

Of the thirty-five hundred and thirty-two who were not restored to health, twelve hundred have been improved, their violence has been subdued, their excitability calmed, their pains assuaged, and their delusions controlled, in such a measure, that they could live *at* their homes, be comfortable in their families and neighborhoods, and partake of some, or even many, of the blessings of society. * * *

According to the life-tables, these three thousand one hundred and thirty-one men and women lived or will live an aggregate of 84,886 years after they regained their health, and 82,090 of these were working and self-sustaining years, before they arrived at the period of dependence in old age. Making, however, some deduction for those that would have recovered by other means if the hospital had not existed, and also for the periodical cases whose years of health were cut off by every succeeding attack, yet both of these deductions will not materially diminish the total sum of 84,886 years of usefulness and enjoyment and the 82,090 years of labor and self-sustenance, that have been given back to these patients, and through them to society and to the Commonwealth, by the labors and influence of the hospital.

It must be farther considered, that insanity, if not removed, is a life-long enduring disease, and although, with its causes and conditions, it shortens human life, it does not destroy men at once. Mr.

Le Cappelain, of London, calculated the value of life to the permanently insane at the several ages. Taking his tables and the common tables of the expectation of life of the sane, it is easy to see the comparative chances of living in mental health and mental disorder.

Expectation or probable Duration of Life.

AGE.	SANE.	INSANE.		
		Males.	Females.	Average both Sexes.
20,	36.32	21.31	28.66	24.99
30,	34.54	20.64	26.33	23.46
40,	30.48	17.65	21.53	19.59
50,	24.89	13.53	17.67	15.60
60,	18.77	11.91	12.51	12.21

At these rates, the three thousand one hundred and thirty-one who were restored, would have lived 54,911 years, if their malady had not been removed, through all of which the State, towns and people must have cared for and supported them.

The hospital then has done this double work. It has taken away a burden and given back a support. It has cut off these 54,911 years of insanity, which were or would have been a heavy tax upon the sympathies and a draft upon the resources of the community, and given back in their stead, as many and fifty per cent. more years of aid and labor to the body politic, and the cost of this great boon to the Commonwealth has been merely the expense of supporting and caring for these three thousand one hundred and thirty-one, through an average of somewhat less than six months for each one.

There is, perhaps, no subject connected with provision for the insane, upon which the verdict of the profession has been more unanimous than their condemnation of asylums for incurables. If, as we have said, the chief source of chronic lunacy is the want of asylums for cure, it is obvious that we but palliate the evil by establishing institutions for the so-called incurable. We build "great resevoirs of lunacy and solicit the stream of lunatics to flow into them. We find, after twenty years, that our resevoirs, new and old, are full to over-

flowing, but that there is no sign of abatement in the flow of the stream of lunacy."

The objections heretofore urged against the too great expansion of asylums apply with special force to vast establishments for the incurable. "The community becomes unwieldy, the cares are beyond the capacities of the medical officers as respects treatment, recent cases are lost sight of in the mass, the patients are treated in groups and classes, an unhealthy moral atmosphere is created—a sort of mental epidemic induced where delusion and debility and extravagance are propagated from individual to individual, and the intellect is dwarfed and enfeebled by monotony, routine and subjection." And when to these evils we superadd the double stigma of "*pauperism*" and "*incurability*," all hope is extinguished in the breast of the patient, his self-respect is impaired, and his irretrievable degeneration secured. Truly over the gateway to such institutions should Dante's inscription to the portals of hell be written :

"All hope abandon—ye who enter here !"

All are aware of the powerful influence of hope in recovery from disease, and the disastrous consequences of its opposite, despair. In no class of maladies are the beneficial effects of desire joined to the expectation of recovery more manifest than in insanity. Deprived of "auspicious Hope," branded with "*incurability*"* under the two-fold burden of disease and despair, the sufferer from chronic lunacy drags through his miserable life.

* The medical solecism of pronouncing any patient incurable, we deem hardly worthy of notice ; for, as the eminent Dr. Kirkbride remarks, this is a condition which can be predicated by Omniscience alone.

And as if this were not enough we affix the stigma—for so it is regarded by our people, of *pauperism*, forgetting the fact that, generally, pauperism is the effect and not the cause of insanity. Pauperism, the result of vagrancy and vice, finds few representatives among the insane. The great majority of patients in asylums come from the industrial, producing classes. In various spheres of usefulness they have contributed their proportion to the prosperity and advancement of the State. Rendered unserviceable by no fault of their own, stricken in God's providence by disease, they are not paupers in the true sense of the word, but their cure and maintenance is the payment of a debt due from society.

There is another objection against the establishment of institutions for pauper incurables. From natural affection, as well as to avoid the implied disgrace of being on the roll of pauper lunatics, patients would be removed from such institutions and provided for in their respective families. There is no legal enactment to forbid such a procedure, nor, from the nature of the case, can there be. The farmer or mechanic in moderate circumstances, whose whole time is necessarily occupied in the support of his family, is unable to watch his insane wife, son or daughter. The lunatic inmate of the family may have a propensity to roam, or to suicide, or homicide, or to violence and destruction, or be negligent and filthy in his habits. To promote the comfort and security of the domestic circle, some attic room or outbuilding is made secure and dark for the permanent abode of the unhappy wretch, and chains, cages and cruelty eventually usurp the place of that tender care which it is the object of the law to realize. Or, in accordance with the law of sympathy, so potent in its operations on our nature, other

members of the family become deranged by constant intercourse with the insane, and thus augment the statistics of disease; or the family itself, by the additional burden and expense of its insane inmate, is dragged down into pauperism, and then instead of one member to support, the county becomes the almoner to a demoralized, impoverished family. Thus the law, by elements inherent to itself, defeats its own benevolent intentions.

Having thus briefly noticed some of the principles involved in the proper management of the insane, and their incompatibility with the provisions of the law, the question naturally arises, how can these incongruities be overcome and the administration of the insane rendered conformable alike to the demands of science, humanity and economy. Various European methods, evolved during the last decade, for the solution of this problem—the public asylum system, agricultural lunatic colonies, the familial or free-air and family-life system, all have their advocates and opponents, their advantages and objections. How far a wise eclecticism might combine the meritorious features of these different methods into one harmonious design, experience alone can determine.

But however this may be, the first requisite of the State is additional hospital accommodation. The State should be apportioned into three sections equal in population, and the insane of the central section sent to Utica. Two hospitals for the treatment of acute, paroxysmal or violent cases, should be built—one in the eastern and one in the western section, whose sole architectural requirement should be perfect adaptability to the wants of hospital practice. Separate buildings, less expensive and of simpler construction than the hospital, and disconnected with it, should be provided for the quiet, the

filthy demented and paralytic. Buildings of a suitable form should also be erected for the treatment of epileptics. Each hospital should have a farm attached to it, of from three to five hundred acres—to the cultivation of which the labor of patients should be particularly directed, both from economical considerations* and the medical benefits to the insane of out-door life and occupation. Upon the farm there should be cottages for the employes engaged in the various agricultural and industrial departments of the institution. With these employes the orderly, industrious chronic or the convalescent acute patient might reside. Such an arrangement would permit a certain degree of family-life and a larger liberty to this class than are compatible with the organization of the hospital proper. It might be found practicable, after due consideration, to withdraw a certain proportion of patients from the hospital and domicile them in cottages which could, in great measure, be constructed at small expense by the labor of patients themselves. That some classes of the insane may be thus provided for, with advantage to themselves and at comparatively small outlay, has been fully demonstrated in asylums in England and on the continent. It should, however, be remembered that, in the judgment of those European physicians who have had most practical experience and whose medical and administrative capacities are of the

*A very mistaken view prevails as to the productiveness of work performed by the insane. Some of the best authorities estimate the labor of three insane men as equivalent to that of one sane person; while others place the ratio as high as five to one. On this basis of calculation, bearing in mind also that the insane are suffering from bodily disease, and that there is, in reality, no such condition with them as "robust bodily health," the absurdity as well the cruelty of any attempt to make the insane self-supporting, becomes apparent.

highest order, although this arrangement is attended by the happiest results in certain instances, it has thus far been found applicable to a relatively small proportion only of the insane. Still, as an appendage to the hospital, it would add greatly to the facilities of classification. Its capability of extension, so as to embrace any very large number of patients, observation and experiment can alone determine.

We have alluded to the healthful occupations of the farm as an adjuvant to medical treatment and a source of income to the institution. To the majority of male patients, however, tillage of the soil would prove too exhausting; moreover, for several months in the year the labors of the husbandman are suspended. Other means of employment, therefore, must be provided, and workshops instituted in which some of the simpler trades may be carried on and articles manufactured. It is unnecessary further to specify the details of such an institution as that here proposed.

The main object of this paper has been to call the attention of the general public to some of the fundamental principles upon which proper provision for the insane is based, and to show, inferentially, that the law fails to meet the necessities of the State. Having full confidence in the wisdom of our law-givers, and the benevolent spirit of our people, our reflections are dictated by no desire to cavil, but from the belief that a knowledge of the facts here presented is essential to wise and comprehensive legislative action.

[*American Journal of Insanity, for October.*]

[From the American Journal of Insanity, for October.]

ON SEPARATE ASYLUMS FOR CURABLES AND INCURABLES.

A superficial and long-ago exploded theory of separate establishments for the curable and so-called incurable classes of the insane has been lately revived, to some extent, in this country. By the great majority of medical officers of American Asylums this proposition is entirely disapproved, but the advocates of the measure have borrowed a certain fictitious influence from the action of the Legislature of this State in its creation of the Willard Asylum for the Chronic Insane. It should be borne in mind, however, that the measure was adopted by the State Government during a period of civil war, when the great question of the day absorbed every thought; and that the time and occasion were unfavorable to calm investigation and discussion of subjects of lesser moment. It was adopted at a time also when the startling disclosures of Dr. Willard's Report brought home to the mind of every legislator the necessity of immediate action and relief. It is not surprising, therefore, that a law enacted under such circumstances and embracing a subject of such magnitude as proper provision for the insane should, to some extent, be based on wrong principles. The next Legislature will convene under happier auspices, when the defects of the existing law will, we trust, be fully considered and the policy of

the State brought into full accord with the demands of medical science and the humanity of the age.

Elsewhere in the pages of the JOURNAL will be found a discussion of some of the cardinal principles upon which the treatment of the insane is based. In connection with this paper* we ask the reader's attention to the following extract from an able work entitled, "The Construction and Organization of Establishments for the Insane,"† by Henri Falret, Docteur en Médecine de la Faculté de Paris :

SHOULD CURABLES AND INCURABLES BE RECEIVED IN THE SAME ASYLUM?—After the impulse given by Pinel to an enlightened and kind treatment of the insane, at the beginning of this century, the asylums became insufficient, and it was necessary to erect new ones more in accordance with the demands of medicine and humanity.

It was then that the thought occurred, which seems so natural at first sight, of giving special care and attention to those cases susceptible of cure, and of erecting for them alone, asylums entirely in conformity with the progress of science. This separation, enforced by circumstances, was a marked advance upon the former state of things, by putting a stop to the indiscriminate mingling of the insane, and contributing powerfully to destroy the prevalent idea of the incurability of insanity. But this separation, the result of an accidental necessity, has more lately been established into a system.

In France, this theory, although sustained by Esquirol,‡ has not found any real application; and if at Salpêtrière the curables and incurables have been placed in different sections, it is more in consequence of an administrative measure, than from medical reasons. In England there are only two asylums, Bethlem and St. Luke, designed exclusively for curables; however, the Metropolitan commissioners§ have pronounced in favor of the separation of the two classes; but it

* Article on the Willard Asylum and Provision for the Insane, p. 192.

† A Translation of this paper is given in the JOURNAL OF INSANITY, Vol. X.

‡ *Maladies mentales*, t. 2, p. 404, 405.

§ Report of Metropolitan Commissioners in Lunacy, p. 92, 1844.

is above all in Germany that absolute separation in distinct asylums has been carried out, and elevated to the rank of a scientific theory. Reil and Langermann, its most ardent supporters, obtained from the different governments of the German confederacy several establishments designed expressly for curables. That at Sonnenstein was erected in 1812, Siegbourg in 1825, and Winnenthal in 1833. Hayner, in devoting himself to the perfecting of asylums for incurables, and in producing remarkable results, has added another powerful argument in favor of the system of separation.

The motives which have influenced these physicians, are of two kinds: Administrative and Medical:

1st. *Administrative Motives.* The treatment of mental alienation, requires particular and expensive arrangements. It is just to unite these favorable conditions in asylums for curables; but it would be superfluous to incur the same expenses for incurables.

2nd. *Medical Motives.* An asylum for treatment, and for refuge, having two distinct aims; these two aims cannot be obtained by the same means; they should then, be entirely different, in regard to construction and organization. To unite the curables and incurables in the same asylum, would be to retrograde to the period when the insane were all placed together, without the slightest distinction, and fatal to treatment, in bestowing upon the incurables a share of that medical attention which should be concentrated upon the recent and curable cases.

Finally: the sight, and presence of the incurable patients, produces a painful and injurious impression upon the curable ones.

These reasons, which for a long time, have convinced some of the most distinguished physicians have been powerfully combatted by Dr. Damerow, physician at the asylum of Halle, in Prussia, in a work entitled "*Ueber die relative Verbindung der Irren Heil und Pflege Anstalten, Leipzig, 1840.*"

In adding to his own arguments those which had been given some years before by other physicians, particularly Flemming* and Roller,† he has given a fatal blow to the separation of curables and incurables in distinct asylums.

The inconveniences mentioned by Damerow can be divided into two classes, those resulting from the two asylums being distinct from

* Zeitschrift von Jacobi und Nasse, p. 722.

† Grundsätze, etc., p. 93 et suiv.

each other, and those resulting from the distinction established between these two orders of insanity.

1. The inconveniences resulting from the separation of the curables and incurables in distinct asylums, are :

1st. The indefinite delay of isolation and seclusion, and consequently of cure, by reason of the formalities necessary before deciding to which of the two asylums the insane person should be taken. In some countries they have proposed to remedy this evil by passing all the new patients through the asylum for curables ; but this destroys the exactness of the separation, and the institution for curables will be found to contain many incurables.

2d. The prolonged stay of incurables in the asylum for treatment, by reason of the obstacles to their removal.

3d. The difficulty if not impossibility of repairing an error of diagnosis, and of returning the patient to the asylum for curables.

4th. The inevitable increase of the expense of construction and support, as the administration and medical services require to be doubled.

B. The inconveniences resulting from the distinction of the patients into curables and incurables are :

1st. The impossibility for the physician in the actual state of science to pronounce with certainty ; the numerous mistakes which he must necessarily commit destroying the aim of the Institution in encumbering with incurables the asylum for curables, and depriving the insane still susceptible of recovery of the most favorable conditions of the asylum for treatment.

2d. The pain given to the insane themselves, for the greater part of them are far from being insensible to this change.

3d. The pain inflicted on good parents and friends to whom the decision of incurability leaves no more to hope for, and the encouragement given to unkind ones who are glad to have a pretext for their neglect.

4th. The obstacle to the progress of science in giving to some physicians opportunity to observe only the acute stage of the disease, and to others only the advanced periods, and to make from them alone his autopsies without the power of throwing any light upon them by the knowledge of anterior facts.

5th. The ungrateful office assigned to physicians in asylums for incurables, who cannot have as a recompense for their trouble and anxiety, the hope of effecting a cure.

After having combatted in so successful a manner the separation of curables and incurables in distinct asylums, Damerow stops half way, and instead of renouncing all separation, is in favor of what he calls a *relative union*, that is to say, the separation of curables and incurables in *the same asylum* under the same superintendence, and with the general services in common. This mixed system, which has been so much liked in Germany, is applied to the greater number of the new institutions, among which we may mention the asylums of Illenau, of Prague, and of Halle.

The system of relative separation has not all the inconveniences of absolute separation; thus it remedies all those resulting from the first class; the asylums being united, there is no delay in sending the patients; the facility of transfer prevents the prolonged stay of the incurables with the curables, and gives opportunity to repair promptly an error of diagnosis; and the expenses are diminished, as there is only one administration and the general services in common. But do not the inconveniences of the second class still exist in the system of relative separation? Without doubt the connection of the two asylums diminishes some of the difficulties; but can we say that those which belong to the very nature even of separation are completely removed by the sole fact of the juxtaposition of the asylums? Is there not for the physician the same difficulty in determining the case; the same danger for the Institution by reason of the stay of a great number of incurables in the department for curables; the same inconveniences for the patients who are victims of an error in diagnosis? And if it is easier to repair a mistake by reason of proximity, can we believe that the physician who has committed it, would be the one suitable to rectify it? Finally does not the pain inflicted by the judgment of incurability on the insane themselves, and on their friends always exist?

Relative separation then, though preferable to that which is absolute, has still the inconveniences which belong to the latter. Why not then renounce completely the separation of curables and incurables? The pretended administrative and medical advantages which we have mentioned in the commencement, and which have influenced the German physicians so far as to induce them to prefer even absolute separation to the union of curables and incurables, seem to us more apparent than real.

What economical advantage is there in the separation of the two classes, unless we suppose that the incurables are neglected, and that all

is not done for them which the claims of humanity demand? In what differs the divisions for curables and incurables in the establishments of Illenau, Halle, and Prague? Has not their construction cost as much? Is not the number of sections the same? And are not these two establishments joined to each other? In doubling thus the number of divisions the whole expense of the institution is considerably augmented. Ought not the incurables to work, both to occupy their time, and for their benefit? Have they not need of attendants to watch over them? Of a physician to care for their accidental maladies, or to regulate their regimen and their conduct?

At the present time then, the condition of a good asylum for refuge, differs so little from that of an asylum for treatment, that the saving of expenditure which might result from their separation is altogether fallacious, and far from attaining the economical end had in view by the absolute or relative separation of curables and incurables, the expenses of management are increased. The medical advantages which have been supposed important are also entirely illusory. What evil influence can the sight and presence of incurables have upon the curables. If this influence exists, absolute or relative separation remedies it but very imperfectly, because it is acknowledged that in the asylums for treatment, there are scarcely more than 20 or 30 curable cases in 100. As for the rest, we admit that in a well conducted establishment the epileptics should have a separate division; that idiots, and some patients altogether degraded in mind or person, negligent and unclean, and who exert an injurious and painful influence upon other patients, should be carefully separated from them; but we separate them as violent, disorderly or slovenly, and not as incurables. We do not admit that an insane person, because he is incurable, can have any evil effect upon those susceptible of cure; he may be to the contrary much more calm, much more manageable and conduct himself much better than they do; and far from being injurious, may exert a happy influence, by the habits of order, of regularity, of industry and obedience, which he has acquired during a long stay in the asylum, or which have become easier to him in consequence of the cessation of the violent symptoms of his malady.

Why should a physician necessarily have too much of his attention taken up by the incurables, because they are placed with the curables? Can he not recognize the sick? Has he need that they should be pointed out to him by the arrangement of the buildings, in order that he should recognize those who may claim more particularly his atten-

tion? Besides, is it not easy for him to unite in a sub-division of those who are quiet, the insane that at the time seem to require more especially his care, without having recourse to a fundamental division serving as a basis for the general plan of the establishment, and made superior to that for the separation of the sexes?

In conclusion, the medical and administrative advantages resulting from the absolute or relative separation of curables and incurables, not having the value which has been attributed to them, their union should be preferred; but a *methodical* union, which seems to us as much superior to relative separation, as that is to absolute separation, and as this last is to the indiscriminate mingling of former times.

AN ASYLUM FOR THE INSANE SHOULD BE NEAR A LARGE CITY

Nearly all authorities agree in the opinion that Asylums for the insane should be located in the neighborhood of cities. Various circumstances conspire to make such a relation particularly advantageous to the institution.

In the first place it greatly diminishes the construction account of the asylum. The city affords a cheaper market for material and supplies for building; and these can be obtained at such times and in such quantities as necessity indicates, and without the expense of transportation, reshipment, etc. From the foundries and machine-shops of the city are easily transferred the boilers, engines and apparatus for supplying the house with heat; and necessary repairs of machinery can be secured without delay. In a city labor is more abundant and more readily retained. Workmen gather to their own homes at night and thus relieve the institution of trouble and expense of subsisting and controlling large bodies of temporary employees.

To be in the vicinity of a city greatly enhances the material and moral prosperity of an asylum. The intel-

ligent and refined, the philanthropic and wealthy citizens become interested in its welfare and lend their aid and influence.* Thus the asylum becomes the recipient of numberless favors which could not otherwise be secured, and patients are cheered by the thought that although far distant from home, they are still objects of interest and tender solicitude. The active and enlightened interest thus manifested by the classes referred to tends to elevate the character and reputation of the asylum at home and abroad, and to increase its usefulness.

The neighborhood of a city offers advantages in the way of its varied entertainments. Amusements constitute an essential feature in the treatment of insanity. They serve not only to break the monotony of asylum life by diverting the mind but they operate as tonics and stimulants upon the diseased mental organization. The engagements of musical celebrities, distinguished public lecturers, and the like, are altogether with large cities; and in our experience at this institution we have always found that these caterers to the entertainment or instruction of the public, when visiting Utica, have with a generosity and kindly feeling which has become characteristic, volunteered a repetition of their performances at the Asylum for the gratification of the patients.

Another advantage we should not omit to mention is the facility for communication by the horse-railroads which now traverse the thoroughfares of our principal cities and stretch their lines into the neighboring suburbs. These not only offer ready conveyance to those visiting the institution on business or to see their friends, but they afford the means, at small expense, by which feeble

* This fact has been strikingly exemplified in the history of the Pennsylvania Hospital for the Insane, at Philadelphia.

patients and women may enjoy the benefits of out-door air and exercise, from which they would otherwise be debarred.

The vicinity of a city enables the asylum to purchase at great advantage its supplies and provisions, particularly those which are of a perishable nature. At the same time it furnishes a convenient market for the sale of the surplus products of the farm and garden; thus adding materially to the revenue of the institution.

The advantages of a city, social and professional, to the medical staff of an asylum, will be readily appreciated by those familiar with the exacting and exhausting character of exclusive practice among the insane. Another beneficial result is the facility afforded for obtaining the best medical and surgical counsel in obscure and difficult cases. Moreover the vicinity of a city enables the asylum to secure a better and more permanent class of attendants. It would be almost impossible to retain for any considerable time in an entirely solitary spot in the country, an efficient and intelligent corps of attendants. Irritability and ennui are the natural effects of constant association with the insane and the thousand petty annoyances which beset and the wearisome duties which devolve upon such attendance. Hence the need of diversion and frequent contact with healthy minds, for which the amusements and social enjoyments of a city afford ample scope. A large class of attendants in every asylum are members of some church, and the opportunity of worshipping in their own church, if not a *sine qua non* of their remaining in the asylum, removes a very important objection to such a connection.

We conclude in the words of an eminent author :*

* Dr. Falret.

“It is only in the vicinity of a large city, that we can find all the desirable advantages: from it the asylum can easily purchase all the necessary materials and provisions. A large city too contains infinite resources; there can be found the most distinguished physicians, the most intelligent attendants; social and scientific relations indispensable to cultivated minds, and recreations and amusements of all kinds. Therefore we should prefer to have an asylum near a large city.”

CURABILITY OF THE INSANE.—In a perfect state of things, where the best appliances, which the science and skill of the age have provided for healing, are offered to the lunatics in as early a stage of their malady as they are to those who are attacked with fever or dysentery, probably eighty and possibly ninety per cent. would be restored, and only twenty or perhaps ten per cent. would be left among the constant insane population.—*Dr. Jarvis.*

COMPARATIVE COST OF SUPPORT OF THE INSANE AND THE SANE.

We have just received a Memorial addressed by the Trustees of the Worcester Lunatic Hospital to the Honorable Senate and House of Representatives of Massachusetts, representing that the sum allowed by the Commonwealth for the payment of the board and care of the State paupers in the hospital is much less than the actual cost.* The author is Dr. Edward Jarvis of Dorchester. Dr. Jarvis is not only an eminent authority upon whatever relates to insanity, but as a Statistician he has no superior.

* The law, as it now stands, allows \$2.75 per week for the support of these patients, while the actual cost, at the present time, is \$3.77.

The following extracts from the Memorial are not only highly instructive, but they afford the strongest corroboration of certain arguments brought forward in our paper on the Willard Asylum.

THE INSANE COST MORE FOR SUPPORT THAN THE SANE.—The management of the insane is necessarily different from, and more expensive than, that of the sane. The architectural arrangement of the lunatic hospital is very unlike that of a common dwelling, or any other public institution, and its walls, partitions, windows and doors, must be much stronger. The managers and the guardians, the officers and attendants, must be men of great discretion, sagacity and patience, who would earn large wages elsewhere, and can only be obtained and retained by larger rewards than are paid to those who attend on, and do the work of, healthy men and women abroad.

There is a similar difference in the cost of the food of the mentally healthy and disordered. In all the most common forms of insanity, mania, melancholia and dementia, the patients need a more digestible and nutritious diet, than men and women in health. Their malady, their excitements, and their depressions increase the necessity that they should have food that is easily dissolved in the stomach, and converted into living flesh by the nutrient arteries. They need nourishment, not only of better quality, but oftentimes more abundant in quantity, to meet the excessive and morbid expenditure of force by the maniac in his excitements, and to save the melancholic and those who are tending to dementia from sinking under their depressions into torpidity, and if possible to raise the demented out of their sluggishness. Regarding the necessities of lunatics, familiar with their dangers, and desiring to fulfil the purposes of a hospital by restoring as many as possible to health, and saving as many as possible from sinking into mental death, the managers of these institutions everywhere feed their patients better, and at a greater cost, than sane men and women are fed abroad.

In England, under the supervision of the county and borough magistrates, and the guardians of the poor, who administer the funds intrusted to them with the greatest economy, the average cost of supporting the insane paupers, for food, clothing, attendance and management in the public asylums, is more than three times as great as that of supporting the sane paupers in the work-houses. In Ireland, the

cost of sustaining the insane poor in the asylums was almost three and a half times as great as that of the sane paupers in the workhouses. A similar, though smaller, difference is made here. The average cost of the town and city paupers in almshouses, in Massachusetts, is about one-half of that of supporting the insane paupers in the hospitals; and the cost of the support of the State paupers in the State almshouses is in still smaller proportion. The cost of supporting the inmates in the workhouse, in the city of New York, is less than one-half of that of the inmates of the city lunatic asylum. The average cost of the sane paupers in the county poor-houses, through the State of New York, was eighty-six cents a week, while the cost of the insane paupers in the State asylum, was three dollars and forty cents, in the five years from 1858 to 1862. Universally, as far as the records have been printed and obtained, the managers of the insane have obeyed this pathological law, and yielded to the necessity of giving their patients a better, and, of course, a more costly sustenance and care, than are needed for the support of sane men and women, in order to restore them to health, or to save them from sinking into dementia and permanent disease, or early death.

In obedience to the same law of the disease which they were appointed to treat, and in accordance with the manifest design of the Commonwealth, and the calls of humanity, as well as of economy, to give every patient the best chance of restoration to the enjoyment of life, and the power of self-sustenance, if he or she were curable by any human means, to keep the excitable in their calmest condition, to rescue those who were in danger of or were tending downward to dementia, from that state of mental torpidity, and to save the demented from absolute mental death, the managers of this hospital have employed discreet and intelligent attendants, and provided and prepared nutritious and digestible food, which, though somewhat more costly than inferior guardians and poorer food would have been, have yet been profitable to the patients, and, through them, to their families and the State.

Regarding the earnest suggestions of some members of the legislature in 1863, the Trustees requested the Superintendent to try the experiment of a poorer and a cheaper diet for the State paupers, and to give them a sustenance something like that allowed at the State almshouses. The experiment was tried faithfully for several months, and the daily condition of the patients carefully watched. But the

result as a matter of economy was unfavorable. The patients were more irritable and discontented, the excitable were less easily controlled, the languid drooped more, the torpid were more indisposed to action, the wards of the maniacal patients were more noisy and those of the demented made less show of life, and all the insane propensities and proclivities seemed to gather new force and to be less manageable in the hands of the officers and attendants, the curable made less progress and the incurable were more intensely disordered.

What ever might have been gained in the diminished cost of food, was manifestly more than lost in the slower progress of recovery, in the prolonged duration of the mental disorder, and in the probable failure of some to regain their health who might have been restored, if allowed to enjoy that better diet which the necessities of their morbid condition required.

The experiment was given up as a failure. The usual generous diet was again given to these patients, and they soon began to show its effects in their improved condition and better progress.

COST OF BOARDING SANE PERSONS OUT OF A HOSPITAL.—In order to compare the cost of supporting the insane, with their peculiar liabilities and necessities, with the cost of supporting sane persons of similar classes elsewhere, your memorialists have made inquiry, through discreet and trustworthy agents, and ascertained the prices charged and paid, both at the present time and three years ago, before the cost of the materials of living had advanced, in all classes of cities and towns, throughout the Commonwealth, for board, lodging and washing, of several classes of persons.

1. Irish laborers boarding with Irishmen—the lowest and cheapest board.

2. Journeymen mechanics, who want a better and more comfortable manner of living.

3. Clerks, teachers, overseers, who look for and enjoy a more elegant style of life.

The following table shows the result of this inquiry :

Weekly Cost of Board, Lodging, and Washing, in Massachusetts.

PLACE.	IRISH LABORERS.		JOURNEMEN MECHANICS.		CLERKS, TEACHERS & OTHERS.		ALL OTHERS.	
	Autumn, 1864.	1860-1.	Autumn, 1864.	1860-1.	Autumn, 1864.	1860-1.	Autumn, 1864.	1860-1.
Hosack Tunnel,.....	\$3.50@4.00	.....	.....	.....	\$4.00@4.60 <i>b</i>	.....	.....	.....
Williamstown,.....	3 50	.....	\$4 00	.....	12 00	\$8 00	.....	.....
Pittsfield,.....	4 00	.....	5 00	.....	7 00	5 00	.....	.....
Great Barrington,...	4.20@4.50	.....	5.00@6.00	4.00@4.50	.....	.....	.....	.....
Greenfield,.....	3 50	.....	4.50@5.00	.....	5.00@6.00	.....	.....	.....
Northampton,.....	2 75	1 75	4 50	3 50	7 50	5 50	.....	.....
Springfield,.....	3 00 <i>a</i>	2 50 <i>a</i>	7.00@7.50	4 00	7.00@7.50	4 00	\$3 50 <i>c</i>	\$2 25 <i>c</i>
West Springfield,...	.....	.....	3 50	2 50	4 00	3 00	.....	.....
Barre,.....	3.00@3.25	1.75@2.25	3.25@3.75	2.00@2.50	4.00@4.50	2.75@3.25	3.00@3.50 <i>d</i>	1.75@2.25 <i>d</i>
Fitchburg,.....	4 00	2.25@2.50	4 50	3 00	4 50@6.00	3 00	.....	.....
Leominster,.....	4 00	2 75	4 00	2 75	5 00	3 00	.....	.....
Lancaster,.....	3 00	2 50	4 00	3 00	8.00@10.00	7 00	.....	.....
Clinton,.....	3 00	2 50	4 00	3 00	5.00@5.50	.....	.....	.....
Worcester,.....	4 00	.....	4.00@5.00	.....	5.00@6.00	.....	.....	.....
.....	.....	.....	.....	.....	4.50@5.25	3.00@3.50	.....	.....
Milford,.....	4 12	2 75	4 50	3 00	5.00@5.50	3.50@4.00	3.75@4.00 <i>e</i>	3.00@3.50 <i>e</i>
Groton,.....	3 50	2.00@2.50	4.00@4.50	3.50@4.00	5.00 <i>a</i>	.....	4.50@5.00 <i>f</i>	.....
Lowell,.....	3.50@4.66	.....	6 00	.....	3 75	2 75	3 75 <i>g</i>	.....
Amesbury,.....	2 75	2 00	3 25	2 25	.....	.....	3.60@4.00	.....
Newburyport,.....	4 00	2 50	5 00	3 50	6 00 <i>a</i>	4 50 <i>a</i>	2.50@2.75 <i>h</i>	1 50 <i>h</i>
Salem,.....	3 50	2.00@2.50	4 00	2.75@3.00	7.00 & over.	5.00@7.00	5 00 <i>i</i>	2 50 <i>i</i>
East Cambridge,...	4.50@5.00	3 00	5.00@6.00 <i>a</i>	.....	6.00@9.00	5.00@6.00	4 50 <i>j</i>	2 50 <i>j</i>
Boston,.....	4.00@5.00	2.75@3.33	5.00@6.00	3.33@4.00	5.00@8.00	3.50@6.00	6.00@8.00 <i>k</i>	4.00@5.33 <i>k</i>
.....	3.50@4.00	2.00@3.00	4.50@7.00	3.00@4.00	5.00@7.00	3 50	7 00	3.50@5.00
.....	4 00	2 75	4 50	3 00	7.00@8.00	6 00	7 00	4 00
Dorchester,.....	4.50@5.00	3.00@3.50	5.00@7.00	3.00@5.00	7.00@8.00	5.00@7.00	.....	.....
Milton,.....	4.50@5.00	3 00	4.75@5.00	3 00	7.00@8.00	6 00	4.00@4.25 <i>l</i>	2.75@3.00 <i>l</i>
Quincy,.....	.....	.....	5 00	3.00@3.50	.....	.....	.....	.....
Randolph,.....	4 75	2 50	4 00	2 75	5 00	3 50	.....	.....
New Bedford,.....	3.50@4.00	2.00@2.50	4.50@5.00	3 00	6 00	3.50@4.00	4.00@5.00 <i>k</i>	3 00 <i>k</i>
Fall River,.....	4.25@4.75	2.25@2.75	4.50@5.00	3.00@3.50	5.50@6.00	4.00@5.00	.....	.....
Westfield,.....	3 50	2 00	4 50	3 00	5 00	3 00 <i>c</i>	3 00 <i>c</i>	2 00 <i>c</i>
Waltham,.....	3 75	2 25	4.00@4.50	2 50	5.00@5.50	3 00	2 50	1 50
Dedham,.....	3 50	2 00	4 50	2.75@3.00	5.00@6.00	3.00@4.00	.....	.....
Average of all,...	\$3 87	\$2 51	\$4 77	\$3 19	\$6 08	\$4 41	.....	.....

a Female Palmenf Workers.
b Tailoronly.
c Female Operatives.

d Female Palmenf Workers.
e Fish Mechanics.
f Academy Scholars, without washing.

g Operatives.
h Female Operatives, without washing.
i Normal School Girls, without washing.

j Female Teachers, without washing.
k Sailors.
l School Teachers, Females.

The competition of boarding-houses brings their prices down to the lowest living rate. Their keepers usually charge very little beyond the cost of the materials consumed, the rent and a fair reward for labor.

The hospital pays no rent directly. This is not known in its articles of expenditure. Yet it makes all the repairs, all the renewals of furniture, stock and materials that decay or are worn out, and nearly all the improvements at its own cost. The cost of these, being divided among the household, would be equal to about half the amount for each that is paid for rent in ordinary boarding-houses. With this exception, the low or half rent, the hospital buys and offers to its boarders all that is provided for the inmates of boarding-houses elsewhere. To this comparative expenditure, must be added the greater cost for a larger quantity and superior quality of food, the large and intelligent and costly corps of attendants, which are not needed in boarding-houses, and physician and superintendence, which are not supplied to boarders in ordinary life, without large cost.

It cannot then be supposed that these means of living, of protection, nursing, watching, professional attendance, can be obtained and given to the insane residents in the hospital for the same cost that mere food, lodging and washing, are provided for in the cheapest boarding-houses; still less can they be provided at a lower cost. On the contrary, they inevitably cost more than the materials and labor that boarders usually receive and enjoy, in the families out of the hospital.

Yet in only two of the towns, in which the inquiry was made, did even Irish laborers obtain their board for as small a price as the Commonwealth offers for the board, care and healing of its paupers, in the hospital. Except in these two towns, the charge was universally more than \$2.75 a week, and in most of the towns it was very much more, and the average of all, was \$3.87 a week, which is forty per cent. higher than the State payments for the whole support and professional treatment of its insane wards.

The board of journeymen mechanics, is in all cases higher. The lowest is eighteen per cent. higher. The highest is one hundred and seventy-two per cent. more, and the average of all is seventy-three per cent. more than is paid by the State.

It should be farther stated that most of these inquiries were made in September and October last, since which time there has been a still

farther advance in the prices of provisions, which must have caused a corresponding increase in the charges of these boarding-houses for the board of their inmates.

PHYSICIAN IN CHIEF OF AN ASYLUM.

We deem it particularly essential at this time that the principles involved in the superintendence of asylums for the insane should be properly understood. The necessity that the authority should be single and supreme in such establishments is recognized by all "masters of the science." The occasion is a fitting one for reproducing the arguments advanced in support of this arrangement, and for this purpose we shall quote from the writings of three distinguished alienists.

In a letter from the late James Macdonald, M. D., (formerly Superintendent of the Bloomingdale Asylum) proposing a plan for organizing the New York State Lunatic Asylum, and addressed to the Hon. David Russell, President of the Board of Trustees,* Dr. Macdonald expresses these views :

As the supreme object of the institution, to which everything in its construction and government directly or indirectly tends, is the improvement and recovery of the insane ; I propose that the *physician in chief*, who may also have the title of DIRECTOR, shall be its first officer, the *head*, in name and in fact, of the whole establishment, so that all other officers, under the board of the trustees, shall be subordinate. The physician and director should be the mainspring of the whole machine, the master spirit of the entire institution. As he is to exercise such high functions and to originate and direct the treatment, medical, moral, physical and dietetic of a thousand insane minds, he should be held responsible for the results, at the same time that he should be invested with sufficient authority for the execution

* Report of Trustees of the State Lunatic Asylum, with the documents accompanying the same, pursuant to the Act of the Legislature, passed May 26, 1841.

of his plans. He should have power to hire or dismiss all subordinate persons in the employ of the institution; and all superior officers should be so far under his control as to receive instructions from him.

The adoption of this part of the plan will prevent a division of interests, and keep one part of the household from arraying itself against the other, and if properly used will make everything tend to one point, the comfort and restoration of the insane. If it confer upon one individual increased authority, it imposes additional obligations. His direct responsibility for the welfare of the institution and the conduct of its other officers must check any abuse of power.

I would not say more on this subject, if it had not been the practice in some asylums to place the physician on a footing with and even subordinate to other officers. Happily, however, this anomaly is vanishing before the progress of sound principles, but to sustain the position here laid down, I beg leave to quote the highest authorities of Europe. Pinel, one of the most illustrious names of France, in medicine and philanthropy, says: "Whatever may be the principles on which an asylum is conducted, whatever modification it may receive from time, locality, and different forms of government, the physician, by the nature of his studies, the extent of his knowledge, and the strong interest which he has in the success of treatment must be so well informed as to be the natural judge of everything that passes in a hospital for the insane." Jacobi, the experienced and distinguished physician of the large asylum at Sieburg, in Germany, says: "As every operation in this department, also (that of steward) must concur with the rest in promoting the ultimate object of the establishment, and as the most perfect unity of purpose and unimpeded activity must everywhere characterize all the exertions made to this end, so it is here again evident that the supreme direction and control of all the officers and servants without exception employed in this department, must likewise be concentrated in the directing physician." Esquirol, the highest authority of the age in which he lived, says: "The physician should in some manner be the vital principle of an insane asylum; it is by him that everything must be put in motion; called as he is to be the regulator of all thoughts, he directs all actions. Everything which interests the inmates of the establishment points to him as the centre of action. The physician should be invested with an authority from which no person can escape."

Such then being the high responsibilities of a physician to a lunatic

asylum, he should be carefully relieved from every duty calculated to direct his mind from its legitimate objects of pursuit. He should not be burdened by any financial responsibilities; should have no concern in the purchase of supplies, except to indicate such as may be requisite; should not for a moment be wearied with their distribution, and in fine, should not have his attention diverted by anything from the high duties of his office. To supervise in the most cursory manner the material part of the establishment, to devise methods for the comfort and improvement of a thousand human beings deprived of the ability to take care of themselves, to observe minutely and treat medicinally such of the number as may be proper subjects for medical treatment, to adapt occupation, amusement and moral discipline to all, will require on the part of the physician and director the greatest industry and system. But the duties of the physician to a lunatic asylum do not end with the performance of his daily visits; he has also professional duties to discharge. Placed in an extended field of observation, he can collect facts which may be of immense service to his medical brethren. In the performance of these varied and important functions, it is evident that he must have the aid of efficient medical assistants.

In a report on the Organization of a Lunatic Asylum, prepared for the information of the Prefect of the Department of the Seine, the author, Dr. Renaudin, remarks: *

Masters of the science have always agreed on laying down the principle that the administration of an asylum should be essentially medical; and that, consequently, a physician must be the sole governor of that colony of which the members, become foreign bodies in society, are called to constitute a society *sui generis*, into which each brings the contingent of his previous aptitudes (antecedent dispositions.) It is the medical judgment which directs these dispositions, and from the moment when the physician confines the potentiality of direction to himself, he cannot fulfil his high mission except in the condition of being the real head of the medico-administrative service.

To place an institution of this kind under non-medical government would, in my opinion, constitute an anomaly as striking as the appoint-

* Medical Critic and Psychological Journal, Vol. II. page 176.

ment of a priest to the command of a regiment, or of a colonel to the tutorship of a seminary.

In Germany and Italy this truth has long been an axiom. And if, in France, general inspection has given to the service the impulse of which we now prove the excellent results, it is because it has been, and still is, entrusted to eminent alienists, who have *medicalized* administrative science, and have adapted it to the numerous indications of psycho-curative knowledge. Physicians are substituted for the charitable but uninstructed administration of religious communities, and everywhere the direction of the insane has beneficially experienced this important reformation.

If management has been improved by the breath of science, the latter, in its turn, has become much more practical by its connection with administrative forms. In place of being misled by vague theories, the administrative physician (medical director) is in closer proximity to his patients, knows them better, appreciates their wants and forms his deductions from facts well observed rather than from preconceived theories, too often falsified by experience. A mass of arguments demonstrate the truth of this assertion, for it is from medical directors that the most practical and most important works have emanated. Their position has admitted of their separating the romance of the disease from its history. It is they who have best delineated insanity by stripping it of its stage-dress; and if their works have not had much notoriety, it is because these practitioners, exclusively devoted to their duties, are less concerned for the care of their reputation than for the welfare of the invalids who are entrusted to them.

These remarks already foreshow how far the medical service of asylums must differ from that of ordinary hospitals. In the latter, it is a simple episode incident to the existence of the physician; in the former, on the contrary, it absorbs the whole life of the practitioner, who cannot know his patients except by dwelling among them, and whose habitual residence in the establishment is an essential element of that moral hygiene so important at the present day. In like conditions, the administrative functions, instead of being an additional burden, are, on the contrary, a powerful auxiliary of the treatment, if the organization correspond with the fixed requirements of the duty.

Of the personnel of an establishment for the insane, Dr. Henri Falret discourses as follows : *

Everything which concerns the insane being intimately connected, all the measures which the administration may take being of a nature to influence the morals of the patients, all the circumstances by which they are surrounded constituting an essential part of the moral treatment, there can not be, in an establishment for them, without serious inconvenience, any other authority than that of the physician.

Thus, in leaving to the minister of the interior the right of separating the administrative and medical powers, and of appointing the superintendents and the physicians; the law of 1838, otherwise, taken as a whole, so eminently useful, has, in this respect, been very injurious to asylums for the insane.

Notwithstanding the evil consequences of this separation of power, which has become a source of continued conflict and struggle, the authority has none the less persevered in separating that which admits of no separation, and even lately, we have noticed the appointment of a superintendent over the establishment of Fains, where, hitherto, the two powers had been united in the hands of the physician. It is with a great deal of pain, that we have seen in a recent decree, which threatens to be so fatal to asylums, that the government not only endorses anew this principle, but even assigns an inferior situation to the physician, in leaving to the prefect the power of appointing him, and reserving all rights to the superintendent.

If all those employed, without exception, are not under the control of the physician in all that concerns the establishment, there can be no unity of purpose, and without unity, it is impossible to establish a durable and beneficial organization; if the persons employed are not convinced of the supreme authority of the physician, if they recognize a rival or superior power, their concurrence will be weak and vascillating, their conduct ever wrong, the order of the establishment constantly compromised; and in the midst of this division of power, the insane will want the direction and advice so indispensable to them, and will find means of evading the prescriptions of the physician or the different regulations, instead of refraining from their propensities, and exercising a salutary control over themselves.

We have only to examine what takes place in French asylums,

* Journal of Insanity, p. 422.

where the physician is not the superintendent, to be convinced of the necessity of uniting all power in the hands of a superintending physician; the nature of things, still more than individual character, gives rise to continual conflicts and quarrels between the physician and the superintendent, which terminate ordinarily in the removal of one or the other, the same trouble soon to recur with similar results.

In Germany, the two powers are united in the physician, the happy effects of which are continually visible. Why should it not be the same in France? Why should some asylums still have a superintendent and a physician, while others have already a superintending physician?

It is asserted that if the duties of the principal physician and superintendent are united in the same person, the superintendents are liable to be inferior, or the physicians but little versed in the theory or practice of their art. It is also said that this system may be applicable to small, but would not be for large establishments, because too great an amount of labor would be intrusted to one individual. All these objections are not serious; if one can not be at the same time a good administrator and a good physician, why should the direction of some asylums be entrusted to physicians?

To be consistent, then, it would be necessary to suppress completely superintending physicians. But how do the Germans manage, who have at the head of their establishments physicians so distinguished as Roller, Jacobi, Damerow, Flemming, etc., who are at the same time excellent superintendents?

As to the extent of work, it is easy to remedy this, by giving to the chief physician subordinate auxiliaries; unity of direction is thus left to him, and the difficulty of having his commands executed, removed.

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